Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLADATION FOL	Attorney bocket realises							
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Invent	or Huey	Z. Crocket				
		COMPLETE IF KNOWN						
		Application Number		,				
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date						
Declaration Submitted OR		Art Unit						
with Initial		7.11. 0.11.						
Filing	required)	Examiner Name						
As the below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
HURY T. CROCHET US CITIZEN								
HURY T. CROCHET, US CITIZEN P.O. BOX 2254 LIVINGSTON TEXAS 77351								
7.0,000 2201 211110000								
	MAC ONCICT	Thut they	duc w	vic UT				
DYNAMIC SNAG RESISTANT FISHING WEIGHT (Title of the Invention)								
/ (Title of the Invention) the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
		<u> </u>						
Application Number	and was amended on (MM/DD/YYYY)			(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code La		OR	⊠ co	orrespondence address below			
Name Huey Thomas CROCHET							
Address P.O. BOX 2254							
City LIVINGSTON		State TF)	CAS	zip 7735/			
Country USA Te	elephone 936	-967-29	87	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])							
inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Malling Address							
City	State	ZIP		Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Family Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature Date							
Residence: City	State	Country		Citizenship			
Mailing Address							
City	State	ZIP		Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							